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SELF-LIMITED DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

Taunton, March 8th, 1854.

AT a regular meeting of the Bristol District Medical Society, held in Taunton, this day, a very interesting and profitable dissertation was prepared and read by Dr. B. Carpenter, of Pawtucket, upon the subject of "*Self-limited Diseases.*" The Society extended a vote of thanks to Dr. Carpenter, and requested that a copy be forwarded to the editors of the Boston Medical and Surgical Journal for publication.

WILLIAM DICKINSON,

Secretary Bristol District Med. Society.

GENTLEMEN,—Shakspeare, in the first part of the play of King Henry IV., makes that old, bragging Welchman express most vividly his true mental and moral characteristics, in the following words :—

"I can call spirits from the vasty deep."

And Hotspur (to whom the language was addressed) rebuked his swaggering effrontery, in that withering sarcasm which always characterizes true genius, by saying—

"Why, so can I; or so can any man:

But will they come when you do call for them?"

Now it is a very easy matter, upon the spur of the moment,* to call ideas from the "vasty deep" of one's mind; to let that call explore its inmost recesses, and reverberate into every nook and corner, until no single maze or labyrinth remains unexplored. "But, will they come"?

There may be some present, who will sympathize with me in answering the above question. At any rate, it is pretty clear that Harry Percy did not believe that *spirits* would *always* come from the "vasty deep," even when summoned by the potent call of Owen Glendower himself. But if ideas will not come, something else must, or you are to be entirely disappointed on this occasion.

Allow me, then, gentlemen, in this emergency, to call your attention

* The writer received intimation that he was expected to read a paper before the Society at their quarterly meeting on the 8th of March, but six days previous to the meeting.

to a few thoughts upon *self-limited diseases*. And first : In examining this subject, we shall remark upon the uncertainty of the remedial power of medicinal agents, in arresting the duration of disease, when applied to diseases generally ; and, secondly, and more particularly, when applied to self-limited diseases.

While the laws of vitality remain as they now are (and they probably always will) ; while nothing is known of the essence of vitality itself, and no idea can be formed of it, save by its effect, and those almost as various as the different animals it vitalizes ; great uncertainty and variability must result in the operation of remedial agents introduced to increase, diminish or equalize the vital powers. Though a man possess the learning and wisdom of Galen, of Hippocrates, of Harvey, of Good, of Rush, of Physick ; ay, though he be master of the united learning and wisdom of all combined, yet must he wander in the mazy labyrinths of uncertainty, while vitality remains that unknown, undescribed and undescribable essence which it now is. We know nothing of it ; we can know nothing of it, save by its effects. And while these are influenced and varied as they now are, by temperament, by habit, by constitutional developments, by hereditary predisposition, by exercise and the want of it, by the gratification of the animal appetites, and, more than all, by disease, it will often be absolutely impossible for the physician, however learned he may be, to predict or prognosticate, satisfactorily to himself even, what the result of the exhibition of a given agent will be, although philosophically administered, and aided by all the force of experience and analogy.

In the above remarks we do not mean to include those medicines (if any there be) called specifics, nor the *direct* effects of those other medicines, as ipecac., antimony, jalap, croton oil, &c., which are sure of producing specific results, if the vitality of the organs which they directly effect, be not destroyed or greatly weakened previous to their exhibition. Nor do we mean to include surgery, being (as we are) aware that nothing is, or can be, more certain in its effects than a part at least of surgical practice. The removal of a lacerated, contused and mangled limb, is the sure and often only means of saving the life of the patient. The scientific adjustment of fractured and dislocated limbs ; the extirpation of certain parasitic tumors, of stone from the bladder ; the removal of foreign substances, driven by external force into any part of the system, &c. &c., are triumphs in surgery, concerning which there cannot exist a single doubt.

So in obstetrical surgery, cases are of every-day occurrence, when, by the intervention of our art, the life of one human being, and not unfrequently of two, is saved, to make glad their friends and bless the community.

These, however, are the bright spots in our profession. They are the oases in the medical deserts of uncertainty, upon which the mind delights to dwell, and from the contemplation of which we are encouraged to persevere, investigate and toil, in the laborious duties of our professional life.

But it may not be uninteresting to inquire how far this rule of cer-

tainty will obtain in our professional practice? What proportion of those diseases coming under the province of the professor of Theory and Practice of Medicine, can be predicated upon with anything like a rule of certainty? In other words, how many of them are we *certain* we arrest in their course, or cure by the administration of medicines? Take, for instance, pneumonia, pleuritis, dysentery, cholera infantum, anasarca, and a host of other diseases; and what positive evidence have we, when we administer a remedy or remedies, that the cure will follow, or does follow, in consequence of the remedies thus administered? We exhibit the most approved remedies in each of these diseases. In the one, the patient recovers; in the other, under exactly the same treatment, death ensues. Doubtless there existed a difference in the severity of the two cases above suggested; but that difference might not have been sufficiently marked to have attracted the attention of the medical adviser.

Parents are often, and physicians may sometimes be deceived, in regard to the severity and danger of a disease. Take, for instance, what we will denominate latent croup. The child breathes badly during the night, is restless and hot, with the shrill, brazen cough peculiar to croup; but is about house during the day, exciting no alarm in the parents, until the artificial membrane is perfectly formed. Now it needs but half an experienced professional eye, to see that danger is much more imminent here than in the midnight attack, which alarms the parents, and thereby secures immediate medical aid and relief. And yet, it is very easy to see how the non-observing or inexperienced practitioner might mistake the greater danger for the lesser in the above-named cases.

But it is that class of diseases denominated self-limited, and the effects of remedial agents upon them, to which our attention is more especially to be directed at this time.

After a few general remarks, it is proposed to notice more particularly some of the well-defined self-limited diseases, their treatment, and its effects upon them. By the term self-limited, as applied to disease, we mean those diseases which, when once fastened upon, or in possession of, the citadel of life, will run their own course, or exhaust themselves or the patient, and cannot be arrested by any medicinal agent or agencies known to the profession. They bide their time, and the medical attendant watches and waits, with anxious solicitude, until that time arrives.

And here, I am aware, we are entering upon disputed ground, there being a great diversity of opinion, among medical men, as to the extent of self-limited diseases. Nor is this difference of opinion limited to different individuals of the profession. Its distinctions are national; the French and German physicians giving it very much greater latitude than is allowed by the English and American.

But it will be conceded, we think, on all hands, that there are certain diseases, and those, often, of a very grave character, which set at defiance (so far as their duration is concerned) not only the prophylactics and panaceas of the quack, but the very best treatment of the scientific physician, and terminate their course as if by their own voluntary ac-

tion. Enough such will be found to show us our weakness, if not our entire inability to stay their progress by any course of treatment.

I am also well aware, on the other hand, that if the least reliance could be placed upon the assertions of quacks, or the thousand and one advertisements and recipes with which the papers daily teem, our vocation would be at an end; disease would be annihilated at once, and the young men of 1854 would be Methuselahs, full of youth, vigor and beauty.

And in this connection let us remark, that when a great variety of remedies are used for the cure of the same disease, it is not only sure that such disease is under the control of no particular remedy or set of remedies, but it becomes exceedingly difficult for the practitioner to designate which (if either) has been the most successful one. The recovery of the patient, after all, may have been the result of what Cullen has very aptly denominated the "*vis medicatrix nature*," in which case it would be to the efforts of nature, and not to remedies, that the cure is referable. Might not some of us, if required, after our patients had recovered, to point out the particular remedy which had produced the desired result, find the task somewhat difficult to perform? And if we were pushed still further, and desired to determine whether our remedies or the efforts of nature had the most to do in effecting the cure, would the task be rendered any the less difficult?

Be this as it may, there are certain diseases which are admitted, on all hands, to fix their own limits, uninfluenced, so far as duration is concerned, by medicines or medicinal aid. Nor is this knowledge limited to the medical profession. Nurses, and all others at all conversant with disease, are well aware of this fact. Observation has taught it them, without the aid of medical science or medical practice, and hence the interrogatives which are daily put to every physician, by the friends of the sick, and which are not always easy to answer. We are often desired to determine how many days the disease, or the fever, will run. When it will come to its crisis. Whether we can arrest it in its course, &c. &c. All such inquiries are based upon the knowledge of the fact already stated, that certain diseases, when once fastened upon the system, cannot be arrested in their course by medical aid.

And now, let us turn our attention to particular diseases of this description. And first, whooping cough. This disease makes its attack not unlike a severe cold. The symptoms, in the earlier stages, are very similar in the two diseases. As it progresses, the cough becomes more urgent, complicated with spasms of the throat, glottis, and sometimes the stomach. Important organs, especially the lungs and eyes, are often affected, and sometimes very severely. It has its regular increase and decrease, of about six weeks each, depending, however, very much upon the temperature of the climate, and, with us, upon the season of the year. Do what you may, you cannot arrest it in its course. You may mitigate its severity, but nothing more. The ext. of conii in large doses, with syrup of ipecac., is the most efficient remedy in this disease, when simple and uncombined. When combined, as it often is, with pneumonia, bronchitis, and other in-

flammatory diseases, it sometimes requires the lancet, antimonials and other remedies indicated by such combination. It is infectious.

Second—mumps. This disease is metastatic in its character, and on this account varies much in its duration. When but one of the parotids is affected, or both at the same time, it is of few days' continuance. When both are affected and at different times, its continuance is much longer; and when there is an entire metastasis to the testicles, its continuance cannot be predicted with any degree of certainty. This disease is inflammatory in its character, and should be treated locally by fomentations and emollient applications, and internally by antiphlogistics. When the testicles become implicated, the treatment used in hernia humoralis is applicable. It is epidemic, self-limited and infectious.

Third—measles. The self-limited nature of this disease is so generally understood, that almost every mother will trace it to its climax, and declare respecting it with the accuracy of an hour-glass. The parts most affected are the skin, lungs and eyes. The cutaneous eruption is almost an exact index of the severity of the disease, but it is to the lungs and eyes that the attention of the medical adviser, especially with adults, should mainly be directed. The attending fever is generally inflammatory; and when so, should be treated with antimonials, and other antiphlogistics. But if typhoid in its character, as it sometimes is, especially with aged persons, the treatment should accord with the character of the fever. This last variety, viz., measles with typhoid fever, constitutes what is sometimes denominated *black measles*. When complicated as above described, the lancet and leeches are often useful.

Fourth—erysipelas. There are two disputed points in this disease.

1st, is it epidemic, endemic or infectious? We sometimes (in a certain district or locality) find an isolated case of this disease, which can be traced to no known cause. It appears, and disappears, in and of itself, and no good reason can be given for it. The same thing is sometimes true of scarlet fever. But this is not the common mode of its appearance. When erysipelas makes its appearance in any locality, we do not usually find it sporadic. It more commonly appears in clusters, or traversing a particular district of country, and more frequently in the course of some river than among the hills or highlands. In the summer of 1844, erysipelas appeared in the vale of Palmer's River (in Rehoboth), near its source. It traversed very nearly the course of that river. There were many cases of the disease, not a few of which were fatal. The attending fever was typhoid. In the spring of 1848 the same disease made its appearance upon what is called Ten Mile River, in Seekonk. The first case occurred March 4th. The external inflammation spread over the entire system. The fever was a low typhus, and the patient sunk and died. There were many cases in the same district, bearing the same general appearances. A lady who was visiting at the house where the first case occurred, a few days previous to its appearance, was subsequently attacked, although her place of residence was several miles distant. Did she contract the disease while on the visit? It often breaks out in hospitals, and though all the inmates may not be affected by it, many of them generally are, and

the physicians direct that the wards where it existed shall be barred against the admission of patients afflicted by other diseases.

2d, can it be arrested in its course by any medicinal agent? On this point there are a great variety of opinions among medical men. We are taught by the books that a variety of remedies have the specific power of arresting it; among which are the blue ointment, cantharides, tinct. of iodine, nitras argenti, and, more recently, a French author gives us a specific, in the sulphate of iron, in a solution of \mathfrak{z} iv. to the \mathfrak{z} j. of water. These remedies are to be drawn over the skin in advance of the disease, and operate upon the principle of kindling one fire in order to extinguish another. This is the theory. How does it operate in practice? Allow me to say, that in my own practice, although often tried, I have never known this mode of treatment to succeed in a single instance. In one of the cases to which allusion has been made, as occurring in 1848, every one of the above-named remedies (except the blue ointment) was faithfully applied. And yet the disease, instead of being headed off, spread over the entire surface, from head to fingers and toes, and the patient died. In a recent sporadic case of erysipelas of the face, the whole disease was surrounded, in advance, by nitras argenti, so that the cuticle was entirely destroyed, and the patient was in fear she should wear the mark to her grave; and yet no check was given to its advance.

It is a well-known fact, that this disease more frequently makes its appearance upon the face, than upon any other part of the system. It is equally well known that it does not often pass (in its external spread) below the neck, and does not often ascend into the hairy scalp. Now upon the forehead, below the hair, and around the neck, are the points which most naturally suggest themselves for the application of the counter fire. The disease having been anticipated upon these parts by the application of the remedy, may not medical men have been deceived by imagining that the remedies, there applied, arrested the progress of the disease, when in fact it ceased from its own exhaustion? But suppose the external inflammation could be arrested; would that cure the disease? I am aware that when the disease is cured, the spread upon the surface is arrested. But would such an arrest alone cure the disease? Does not the danger depend very much upon the constitutional derangement? The inflammation upon the surface is often slight. We find no difficulty in curing blistered surfaces, from burns and other causes, which are very much more severe. The blistering is often slight, the swelling not severe, and yet the disease fatal. Is not the disease upon the surface the index, or the mere exponent, of the trouble within?

Erysipelas makes its attack with grave constitutional symptoms, such as nausea, oppression at the chest, pain in the head, with delirium; general lassitude; subsultus, with muttering in sleep, and a variety of other grave symptoms. In treating this disease, I would apply cold applications externally and locally, and meet the constitutional symptoms as they develop themselves. If the attending fever be inflammatory, treat it as such; if typhoid, treat it as typhoid. The fact that so many remedies are said to be sure of arresting this disease upon the skin, is to my mind proof positive that no one of them is reliable. If, for instance, the nitras

argenti were sure of arresting its spread, what need of looking for other remedies? The evidences strongly indicate its self-limited nature.

Fifth—smallpox. This terrible disease has, for centuries, been the terror of mankind. So destructive was it previous to the time of Jenner, that the minds of medical men were more generally occupied in its investigation, than in that of any other disease. It has been investigated and treated, by the best medical minds the world ever produced; and yet there never was the first case that did not pass through its several stages of inflammation, suppuration and desquamation, unless arrested in its course by death. It has set at defiance all medical skill; and but for the discovery of Jenner, would to this day have been the plague most to be feared on earth.

This disease spreads its force upon the skin, and its severity, like that of measles, is measured by the severity of the eruption. It also often has like complications of inflammation of the lungs and eyes. Is there any similarity in the causes which produce them? Its symptoms are heats and rigors, pain in the head, especially over the eyes, nausea, aches and pains through the entire system, thirst, restlessness, &c. The whole train of symptoms, on the first attack, are not unlike those of severe influenza.

Sydenham improved upon the treatment of this disease, by discarding the heating and stimulating practice, for the antiphlogistic and cooling. Very little improvement has been made upon this practice since his day, if we except that of the new sect of philosophers, whose motto is "*similia similibus curantur*," and who fully carry out their doctrine in the treatment of this disease, by taking the *pus* from the fully-developed *pustule*, and making the *patient swallow it*, in verification of their theory. I need not say it always fixes its own limits, when uncombined with other diseases. It is contagious.

[To be continued.]

CASES OF TETANUS REPORTED AS CURED, WITH REMARKS.

[Read before the Suffolk District Medical Society, at their monthly meeting, in March, 1854. By WM. M. CORNELL, M.D.]

[Communicated for the Boston Medical and Surgical Journal.]

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY.—At the last monthly meeting of this Society, the question was raised, whether true tetanus was ever recovered from; or, in other words, whether it is a disease in which treatment is beneficial. It then occurred to the writer that it might be useful to the profession to gather up some of the cases which have terminated favorably, with the names of the physicians who treated them, and the journals in which they were reported.

Since our last meeting, the Boston Medical and Surgical Journal has quoted a case of traumatic tetanus, with recovery under the use of chloroform, from the St. Louis Medical and Surgical Journal.

In the Missouri Medical and Surgical Journal, I find a case reported by Dr. Lamb, of Shirley, Tenn., *not* traumatic; cervical and dorsal vertebræ tender. After resorting to many remedies with no good effect, *tobacco injections* were used with entire success.

In the same Journal, vol. I., page 183, Dr. Fell reports a case cured by *strychnine*.

In the London Lancet, 1846, p. 394, W. B. Page, a man aged 24, traumatic—gunshot wound; recovered under the use of the *tincture of aconite*.

In the New York Journal of Medicine, January, 1847, p. 70, a man aged 58, reported by Dr. Vanderpool; idiopathic; recovered under the use of *strychnine*. Dr. Vanderpool also reports a case of traumatic tetanus in a woman, treated by venesection and tartarized antimony. Recovered.

In Ranking's Abstract, Vol. II., p. 196, I find the following: "In addition to several successful cases of tetanus described in our previous volumes, we now call our readers' attention to three instances of the traumatic form of the disease, in which recovery took place." The first of these cases, which apparently originated in the extraction of a tooth, was treated by morphine and the application of ice to the spine. The action of the ice is described as most striking; the patient expressing herself in strong terms of the relief afforded by it. The second case, reported by Dr. Hester, was treated successfully by Indian hemp. The dose was two grains of the extract, every half hour, until sleep supervened. When the patient awoke, the spasms returned, and the medicine was then administered in five-grain doses till the spasms disappeared. The third case occurred to Mr. Greenhow, of Newcastle, and the patient recovered under the combined use of opium and tart. emet.

In the New York Journal of Medicine for Sept., 1847, a case of traumatic tetanus is reported by Dr. Bishop, of Ohio. "It occurred in a blacksmith, aged 32, from running a rusty nail into the hollow of foot, wounding the internal plantar collateral nerve of the great toe." I give it in the words of the doctor. "I found him with symptoms of confirmed tetanus, opisthotonos, paroxysms occurring every three or four minutes, pain agonizing, perspiration very profuse, difficult deglutition, pulse 84, respiration hurried. I incised the wound and applied the actual cautery. R. Calomel, ext. col. comp., aa grs. v.; ol. croton, m. i., fit. pil. 2, to be taken at once. R. Sulph. quin., grs. iv.; sulph. morph., gr. $\frac{3}{4}$; syrup simpl., q. s., to be taken two hours after the pills. To rub the following liniment along the whole length of the spine—R. sulph. acid, \mathfrak{z} j.; ol. olive, \mathfrak{z} ij. These medicines had a decided effect upon the disease from the beginning, and under them, in twenty-one days, the patient was restored to health."

Dr. Isaac Branch, of Abbeville, S. C., in the second volume of the Charleston Medical Journal and Review, reports a case of traumatic tetanus. The patient was 65 years of age. The cause of the disease was a fall and sprain of the thumb. Dr. B. says, "The whole system was convulsed with tetanic spasms. His constitution was much impaired by the use of ardent spirits. His jaws were immovably fixed; but fortunately two or three of his teeth were absent, which enabled me to administer such medicine as I deemed necessary. I poured down two drachms of strong laudanum, and applied sinapisms to the extremities and epigastrium. In fifteen or twenty minutes I gave another dose of

laudanum ; and in half-an hour I repeated it. Up to this time there was not the slightest abatement of the symptoms. I continued the laudanum, until, in three hours, I had given two ounces. After giving the last dose, there was an entire relief of the tetanic symptoms." But they returned, and the medicine was repeated. In short, the man recovered, and Dr. B. says—"my belief is, that within twenty-four hours from the access of the case he took at least four ounces of officinal laudanum, and I am satisfied he did not take a drop too much."

In the London Medical Gazette, Aug. 18, 1846, p. 263, Mr. William Gillard reports a case from a gunshot wound. "The patient," he says, "appeared to be doing well for a month, when I was called to him in the afternoon. He had trismus and opisthotonos, to a great extent ; pulse 80, tense and thrilling. I bled him without regard to quantity, until syncope was induced ; and ordered him five grains of calomel and half a grain of tartarized antimony every four hours. Under this treatment, with aperient mixture and camphor, with opium, he recovered."

In the fifth volume of the Charleston Journal Dr. Glen, of Charleston, reports a case of traumatic tetanus with recovery.

In the Charleston Journal, again, Vol. VI., p. 781, I find another case of traumatic tetanus successfully treated by Dr. Adamson, of Georgia, with carbonate of ammonia. The man had lost an eye in a pugilistic combat. After trying the opium treatment for some time without any benefit, Dr. A. substituted carbonate of ammonia, grs. x., every two hours. After he had taken six doses of ammonia, the pulse became less frequent, and, under its use for four days, the spasms wholly disappeared.

In the fifth volume of the same Journal, page 132, Dr. Wragg, of Charleston, reported two cases of traumatic tetanus successfully treated with *Canabis Indica*. The dose was a teaspoonful of O'Shaughnessy's tincture every three hours. This tincture is made by mixing twenty-four grains of the extract with one ounce of alcohol. Both these cases, treated in a similar manner, recovered.

In the same volume of the same Journal, page 297, we have four cases of traumatic tetanus treated successfully by mercurial salivation, reported by Dr. R. Leiby, of Charleston. Of these cases Dr. L. says, "There cannot be a doubt that the former two were decidedly traumatic tetanus ; the last two, I have no hesitation in saying, had they been neglected for any time, would have proved as serious as the former."

To come nearer home, even to our own doors, in the Boston Medical and Surgical Journal, Vol. XXXIV., page 132, we find a case of idiopathic tetanus, reported as successfully treated by Dr. A. L. Peirson. The patient was a shipwright, aged 37 years. Not to take up time in reciting the case, I will simply remark that Dr. P. ascribed the recovery of the patient mainly to the use of *purgatives*.

In the same volume, page 184, there is a case of tetanus reported as successfully treated by cold water, copied from the London Lancet. It was in a lad of 11 years of age.

In the same volume, page 374, there is another case of traumatic tetanus, copied from the Medical Examiner, successfully treated by ice applied to the spine. The case was reported by Dr. McGirr, of Blair

Co., Penn. The disease was referred to a broken tooth, by a dentist, who had applied some caustic, probably *nitric acid*, to destroy the nerve. Dr. McGirr says—"To me the action of the ice was perfectly astonishing. It produced almost immediate relaxation of tonic rigidity, and a remission of spasmodic action, beyond my most sanguine expectations."

Also, in the same Journal, Vol. XXXVI., page 434 I find a case related by John Brooks, of Bernardstown. The tetanus was caused by a punctured wound in the thumb, from a rusty nail. Finding no relief from medical treatment, the patient recovered under the use of large potations of *flip* made with N. E. rum.

In Vol. XLI., page 62, is the case of a girl, 23 years of age; tetanus from a small wound in the hand. The case is reported by T. S. (if anybody knows who he is), who directed her to take brandy and opium, as fast as she could. In six hours she had taken eight quarts of good brandy, one pint of rum, and more than a quarter of an ounce of opium, when her spasms suddenly ceased.

In the same volume, page 288, another case is quoted from a French Journal. Treatment, actual cautery to an old cicatrix; recovery.

In Vol. XL., page 122, of the same Journal, we find another case, which was traumatic, quoted from the New Orleans Journal. A German, 20 years of age, ran a nail into the external portion of the right foot. Treated with ol. ricini, tr. opii, chloroform (100 drops at a dose), and sulphat. quin. Recovery.

The question is, if no well-marked case of tetanus recovers, what construction shall we put upon these *reported cases*? Some of them are reported by men of the most approved standing in the profession, and all of them in journals of fair fame. If they were not genuine cases of tetanus, these men must have been very much deceived; and, if they had been men whose statements could not be relied on, would these journals—the best we have in this country, and some of the best certainly in England—have allowed them to appear on their pages? Again, if they are reliable cases, then the remark that no patient recovers from real tetanus cannot be sustained.

I submit these cases for the consideration of the Society. So far as personal experience goes, I have never had a well-marked case of tetanus. But if one should occur, my inquiry would be whether it was to be considered as a desperate case; or, whether, judging from these numerous reported recoveries, there can be any reliance placed upon medical treatment?

That acute traumatic tetanus is generally fatal, I have no doubt; the only question is, is it *invariably* so?

ALCOHOLIC LIQUORS IN THE PRACTICE OF MEDICINE.

[Continued from page 172.]

As a solvent.—The great argument in favor of the medicinal use of alcohol is that we cannot dispense with it as a solvent for the essential oils, resins and gum resins. I do not propose to point out a better solvent for

every article of this class, but merely to show that alcohol does not answer the desired purpose—that it is *practically* no solvent at all. In the internal administration of these medicines, what advantage do we expect to derive from solution? Our main object is not to assist the patient to swallow them with more ease, but by *holding* them in solution to prevent their irritating the mucous membrane of the stomach, and enable the absorbents to take them up and carry them into the circulation. It is true that alcohol effects a perfect solution of the oils and resins, but it is also true that there exists between them and alcohol an affinity so weak that the addition of a little water will cause an immediate separation or precipitation. If swallowed undiluted, the fluid of the stomach will have the same effect. Take gum guaiacum, for example. The tincture is a beautiful clear liquid, but so acrid that it will almost excoriate the alimentary canal. Add a sufficient quantity of water, and the gum is instantly upon the top, in a solid pitchy mass, and the alcohol set free. What is gained by the solution?

The plan of preparing the metals for internal use by fusion, and then cooling them down by the addition of water, seems but little more preposterous. Let the tincture be swallowed in an undiluted state, and the mouth, fauces, œsophagus and stomach are immediately coated with the gum, and the alcohol set free to mix with the gastric fluids. Evidently nothing is gained by the solution, but much injury may result from the paralyzing effect of the alcohol upon the mouths of the absorbent vessels, and its poisonous contact with all the delicate tissues of the body. I ask any physician to show the advantage derived from the alcohol.

Although alcohol is extensively used in pharmacy, its necessity as a solvent may not appear so urgent if we look a little into the minutiae. In the last edition of the U. S. Dispensatory, under the heads of spirits, tinctures and wines, we find 158 compounds in which alcohol in some form, either in whole or in part, is the menstruum; yet in the whole catalogue (if we except the essential oils), there are not above a half dozen articles of any particular value for internal use, which do not as readily impart their properties to water or vinegar. None are worth any particular notice, except assafoetida, camphor, guaiacum and myrrh; and these can all be conveniently exhibited in the form of bolus, pill, powder or emulsion. Myrrh and camphor are soluble in strong acetic acid, and the solutions have the advantage over the alcoholic, that they will bear dilution with water without precipitation. Camphor is soluble also in sweet oil. The essential oils are rendered miscible with water by rubbing them with a little sugar. The medicinal articles which require alcohol for a solvent are few in number, comparatively trifling in value, and not materially improved by the solution. Habit and convenience alone require its use. The ingenuity of the pharmaceutic chemist, for years past, has been severely taxed in multiplying the medicinal combinations of alcohol. When half the efforts have been made to dispense with it, not even the plea of *convenience* can be urged for its use.

As a preservative.—The power of alcohol to prevent decomposition has led to its extensive use in the preparation of medicines, yet for

such use we can urge no stronger claim than that of convenience. It saves the druggist much time and trouble to put his standard compounds into a form that will keep for years, ready for use. This can be done to some extent without alcohol. The acids are powerful antiseptics, and well adapted to the preservation of medicines. Sugar, also, can be made available in numerous cases. Most of the active ingredients in these compounds can be kept without injury much longer in a *dry* state, and prepared at the moment of using them with as much ease as a dose of herb drink. The grocer might, with about the same propriety, urge the necessity of spirits to preserve tea and coffee in a liquid state ready for family use.

The foregoing remarks are based on the supposition that alcohol is merely *unnecessary*. It has been my aim merely to show that the medicines with which it is usually combined can be administered without it, and lose none of their sanative effects. Were there no stronger arguments against its use, the plea of convenience would be admissible. The objections to it as a *stimulant* apply with equal force here. A fact may be stated in this connection, which seems not to be generally known to the profession; or if known, not to be heeded. *Medicines do not change the nature of alcohol*; but, on the contrary, alcohol does effect the operation of medicines. This is particularly true of tonics, which are partially neutralized by combination with alcohol.

It may be stated, then, that, as a solvent or preservative, alcohol, whatever may be the medicinal combination, produces the same injurious effects upon the system, as if used alone in the same quantities. As it is in cases of debility that these preparations are used, and the properties of the alcohol remain the same, not increasing the vital energies, but exhausting them by the process described in my last article, a very serious objection is presented to its use as a solvent. It is with the supposition that alcohol has the opposite effect, that it is selected for this purpose in most cases. If my premises are correct, there is not merely no necessity of alcohol, either as a stimulant, solvent or preservative, but the interests of the healing art require its removal from the sick-room, and its name to be blotted out forever from the materia medica.

A. GILMAN, M.D.

[To be continued.]

South Deerfield, April 1, 1854.

INVOLUNTARY SEMINAL DISCHARGES—SEMINAL WEAKNESS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Physicians are frequently asked for opinions upon matters of medical science, in which the settlement of some question of principle may be involved. Their answers generally refer to some authority, or accepted opinion, which they endorse, and this affirmation is again cited as authority. Thus a train of symptoms following the practice of an individual, in the habit known as the "solitary vice," are made the consequences of the act, although each one of the symptoms,

or all of them, may and do occur in cases where no such habit is known. Thus are accumulated most alarming statistics, and these are quoted from to substantiate the theories of different individuals; and injury is done to innocent sufferers in many ways, based upon erroneous medical opinion and vague authority.

Believing that a medical journal is an appropriate medium of inquiry and answer, the writer desires information upon the subject of "Involuntary Seminal Discharges;" and to know, from the actual experience of those whose special practice may have given them opportunity for observation, how many real cases of "seminal weakness" consequent upon the "vice" are known to them, and the termination of such cases. If cured, by what operation and medication; if fatal, what lesions were found.

Much that has been written speculatively upon this subject, may or may not be true, as to cause and effect, and the relation between cerebral disease, masturbation and involuntary discharges. Excitation, upon that division of the nervous system which supplies the organs of generation, by the manipulations of the onanist, may certainly induce such abnormal action in other divisions as to disturb the "balance of power," and either the cerebro-spinal or ganglionic centres may reflect diseased, as well as normal or nutritive action elsewhere. Thus may the continued habit be followed by tabes, phthisis, insanity, or Bright's disease, though each and all of these conditions have other and different origins assigned them by pathologists.

I confess to not much special reading in this department of medicine, although treatises abound, and *portes caustiques* and spermatorrhœa rings are reported as doing wonders. Real cases appear to me to be rare; while the lists of imaginary "involuntary seminal discharges" and diseased seminal organs "fright the Isle from its propriety." If all that is in the record be true as the result of the "vice," then the victims to this peculiar class of "diablerie" are increasing; threatening death to propagation, population, posterity, and all things perfect as relating to the human form divine. A sanitary commission, with proper powers, should investigate the matter, as this evil, according to report, is greater than others which some moralists have thought worthy of legislative action.

Without disturbing the facts or the opinions in relation to the prevalence of the "bad habit," some observers question the number of cases said to be "seminal weakness," spermatorrhœa, nocturnal pollution, &c. &c., in hospital reports and other medical records. The certified cures, the fatal results from this cause, and the validity and philosophy of the treatment employed, are by some considered equally questionable.

It is about a quarter of a century since a celebrated French professor of the Faculty of Medicine published his views upon certain cerebral affections; also upon "Involuntary Seminal Discharges." In his work he attributes grave cerebral, renal, urinary, prostatic, and other diseases, to a habit of masturbation and involuntary seminal discharges at some period of the sufferer's life, and he cites cases which in his judgment warrant belief in the opinions he promulgates. No one questions the honesty of purpose which directed his investigation in this to him new

field of pathological science. Yet, when he makes an assertion like the following, we may pause before accepting his conclusions, even if part of his premises be admitted. Speaking of a case in which tubercular matter was consequent upon the vice, he says :—

“Dr. D——s is disposed to think that the tuberculous matter found in the vasa deferentia, was the product of inflammation ; but he advances this opinion with a great deal of caution. As for myself, long since convinced that the *tubercle is nothing else but ancient pus*, I still have no doubt in that respect.”

The author cited above, gave the great impulse to the investigation of seminal diseases. Since his treatise appeared in America, numerous sinners have confessed their sins against nature, and under the influence of imaginary disease, have submitted their urethras to the armed tube of Segalas, as if the immortal nitras argenti would close distended, extra excitable mucous follicles, Cowperian ducts, and sphincter vasa deferentia, if these things are admitted as contributing to prostatic secretions and excretions ; without inflicting, in its sagacious, discriminating action, injury upon such parts of the genito-urinary apparatus as might happen to be in a normal state.

It is not proposed to discuss, at this time, the relations of masturbation to insanity, but to inquire if the mania is cause or effect. The cerebral affection is usually considered a result of the habit. That it may be, no one doubts : but is it so certain that in all cases, where the habit is known to be practised by an individual who may become insane, it should be so set down in works devoted to the subject which are to be referred to as authority ?

Will some of your intelligent correspondents reply to these questions :

What are the true diagnostic marks of diseased seminal organs, producing “involuntary seminal discharges” (all urethral discharges not being considered seminal), and how are they locally affected by masturbation ?

What is the test of true seminal discharge ?

What is the theory of curing cerebral disease from masturbating effects, by caustic application to the urethra ?

And what curative effect, in real cases, will be produced by the use of the newly-invented (?) spermatorrhœa rings, which are so highly recommended by some physicians for the cure of seminal weakness ?

With respect, yours,

J., M.D.

March 28, 1854.

GRADUATES OF MEDICAL SCHOOLS—IMFOSTORS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The Catalogue of the “Cleveland Medical College, session of 1853–4,” contains a full list of graduates at that institution, from its organization up to the present time. This, in my humble opinion, is right, and I hope every medical school in the Union will follow the example. Such a list is necessary, not only to the profession but

to the public ; for there are impostors in the world, and some of them are so base and impudent as to claim the title of M.D., who have no right to it. So long as the public have no means of discriminating between the physician and the quack, they are liable to be deceived and imposed upon ; and the profession are held responsible for all the malpractice, and all the sins of quacks and impostors, or all who call themselves doctors.

I do not say that all are quacks who have not graduated ; but I do say, that those who attach M.D. to their names without any authority or right to do so, are impostors, and justice to the profession and the public demands an exposure of the fraud. There can be no injustice in publishing a list of graduates, for it will enable those who wish to employ quacks, because they are quacks, to do so ; and it will enable those who wish to employ a scientific physician, because he is a physician, to do so, understandingly. The profession are willing to be responsible for their own sins, but they are not willing to father the sins of quacks and quackery. No man should be permitted to sail under false colors, and I am in favor of calling men and things by their right names.

Toledo, Ohio, April 6, 1854.

Yours, &c., H. GRAHAM.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 19, 1854.

Medication of the Larynx and Trachea.—In a late number of the Journal, we translated and published a letter of Dr. J. G. Adams, of New York (now residing in Paris), which had previously appeared in the "Gazette Hebdomadaire" of the 24th of January last, relative to an instrument for the cauterization of the larynx, &c., which he had exhibited at a meeting of the Surgical Society in that city. This letter was directed to the editor of the Journal mentioned, which is very widely circulated in all parts of Europe. Dr. Adams states that it "has been a matter of dispute" to whom the honor of priority of invention, and the successful introduction of the probang into the larynx, belongs. He was of the opinion, "after conscientious investigation," that the instrument in question was invented by Dr. David Green, "with the design of applying a solution of nitrate of silver to the larynx," &c. In consequence of this declaration by Dr. Adams, Dr. Horace Green, of New York, the author of an excellent work on bronchitis and the topical treatment of the air passages, has written a pamphlet of 18 pages, "on the subject of priority in the medication of the larynx and trachea." We have given his pamphlet a careful perusal ; have compared dates and circumstances, weighing well his testimony, and that of many medical gentlemen of distinction, and are fully convinced that he has furnished abundant evidence to prove his claim of priority in successfully introducing the sponge probang, saturated with a solution of nitrate of silver, into the laryngeal cavity. Dr. Green concludes his subject by saying, that "this *exposé* of the unjust and unprofessional course pursued by Dr. Adams, has been made by me, I confess, with great reluctance. Had Dr. A. confined himself, in his characteristic labors, as he and his coadjutors have done

heretofore (for this is by no means the first time, as hundreds of the profession well know, that he and they have consorted together for the professional injury of others), to their own country, and among their own countrymen, I should have suffered these things, for very obvious reasons, as I have done through many years, to pass altogether unnoticed." "For the honor of American physicians, as well as to protect myself, I have endeavored to expose, and would protest against, these efforts made to interrupt those pleasant relations which have been established between the members of the profession abroad, and those of our own country." Dr. Adams's letter was not inserted in this Journal as expressive of our own views on the subject, but as the opinion of an American physician published in a journal of high standing abroad.

Cholera in Indiana.—Among a variety of pamphlets which have accumulated of late on our table, is a "Report to the Indiana State Medical Society, on the Asiatic Cholera, as it prevailed within the State of Indiana during the years 1849, '50, '51 and '52; with observations on the laws which govern its progress:" by George Sutton, M.D. We have no intention of inflicting upon our readers a dissertation on a hacknied subject. Physicians are quite as weary of theoretical speculations respecting the cholera, as the people, who generally entertain but little confidence in any mode of treatment. One of the most noticeable points observed in looking over the report of Dr. Sutton, is the orderly course of his investigations. He also keeps up a proper supply of facts, and that gives him a claim to the attention of professional readers. It appears that Dr. Sutton was appointed chairman of a committee of the Medical Society, to collect a history of the epidemic which had been spreading alarm and death among the people, and this treatise shows the results of his investigations. It is our main purpose in this notice to express a warm approval of the course pursued by the Society. No other method could have been adopted for embodying so large a mass of valuable matter, illustrative of the characteristics of the Asiatic cholera in its erratic movements. Dr. Sutton's report will be exceedingly useful in coming years, because it may be considered authentic and reliable. Here we feel obliged to leave it, wishing increased fame and usefulness to the Indiana Medical Society, and an annual succession of members who by their talents and industry may extend the reputation of the Association as successfully as Dr. Sutton has done.

Physicians to Public Institutions.—In this city, the public institutions, in the aggregate, contain upwards of two thousand persons. At the Deer Island establishment, there are more than eleven hundred persons; at the Lunatic Hospital, about two hundred and fifty; at the houses of Reformation and Correction, seven hundred more; and at the Jail, one hundred and fifty. These institutions are separated from each other, two of them being at distances of four and two and a half miles from the others. The medical staff of the whole consists of *three physicians*, one of whom has to perform the duty of physician to the port, or quarantine department, while another serves as city physician. There is constant need of medical attendance at these several establishments, and the immediate services of the physician may be required at one of them, while he is in attendance at another. Our city authorities are liberal in their expenditure of money for the convenience and comfort of the inmates of these institutions, and we

are surprised that an actual necessity for the increase of their medical staff should be suffered to exist. There should be, in our opinion, a physician appointed for each establishment; and we think if the City Council would give the matter their careful consideration, they would also come to the same conclusion.

Rabid Dogs.—Several persons were bitten, last week, by supposed rabid dogs, at South Boston. Our city authorities have finally commenced a furious onslaught on the canine species, and have threatened a war of extermination of the whole race within the precincts of the city, excepting those which are muzzled, or whose owners have a license for keeping them. We like this vigorous movement, and regret that it had not been commenced before a number of lives had been sacrificed in consequence of wounds from rabid animals.

Dr. Abbott's Collection of Egyptian Antiquities.—Strenuous efforts are being made, by wealthy and influential citizens of New-York, for the purchase of Dr. Abbott's rare and valuable collection of Egyptian Antiquities. The amount of fourteen thousand dollars has already been collected for the purpose, in sums of from \$100 to \$1000, and there seems to be a good prospect of raising the requisite amount. It is said to be the rarest and most valuable collection in the world, of the relics of ancient Egypt; and it will be not only creditable to the citizens of New York to furnish the means of purchasing them, but an honor to the city in all future time to be possessed of such interesting and valuable remains.

Burning Fluids.—A bill has been reported in the New York Assembly, and is under consideration, for prohibiting the use of camphene, spirit gas, and all preparations of alcohol or spirits of turpentine, for the purposes of illumination, in stage coaches, omnibuses, railroad cars and steamboats, under severe penalties. It certainly is a humane act, and ought to pass; but how far it will influence those who risk their lives by the use of these dangerous articles in private dwellings, for the sake of *economy*, is a question we are unable to answer.

Inhalation of the Vapor of Iodine in Phthisis.—It is said that the benefits of inhaling the vapor from iodine in pulmonary affections, have been underrated. Until within a short time, there has been but little notice taken of iodine in this form of medication; and we are pleased to learn, that several medical gentlemen of eminence in Europe have lately given their attention to the practical application of it, in cases of confirmed phthisis. It is hoped that their use of it will be attended with good results—and that it may prove a successful remedy in some cases of this intractable disease.

New Orleans Medical and Surgical Journal.—More than two weeks have passed since a circular was received, bearing a prospectus of a new volume of this Journal, and also announcing the agreeable intelligence that our learned and industrious friend, Bennett Dowler, M.D., had become the editor, as successor to the late Dr. Hester. It needs no commendation from us, to make known the reputation of this promising periodical. Its pros-

pects must be still more flattering with a man of Dr. Dowler's reputation to shape its destiny. He will be accurate, strongly conservative, always in earnest, and bold in the promulgation of his original thoughts. There will be no hesitancy while he has the helm; no obtrusiveness or obsequiousness, but that kind of generous independence that commands respect, while it may discourage pretenders. Wishing an old correspondent, whom it has never been our pleasure, however, to see personally, all the influence which his talents as a writer demand of the profession, and a generous patronage that incites to further research, and secures a good estate at last, we enjoin it upon those of our Southern friends who have not yet subscribed, to begin with Dr. Dowler's first number. The faculty in other parts of the country will also find the New Orleans Medical and Surgical Journal worthy their support.

Suit for Mal-practice.—An action for damages has recently been brought against Dr. Bartlett, of Somerville, near Boston, for alleged want of skill in the treatment of a fractured clavicle. The trial commenced at Lowell, last week, before the Supreme Court, and several physicians from this city were present as witnesses. We have been unable to learn the particulars of the case, but shall probably be able to give them in our next issue. It is almost a wonder that any surgeon, now-a-days, can be found, with moral courage or humane feeling enough to undertake to remedy a deformity, or treat a case of injury, without a bond from the patient or his legal guardian that he shall not be subjected to a suit for damages, in case he should fail to make the patient as whole and perfect as he was when he came from the hands of his Creator. We sincerely hope Dr. Bartlett may be able to vindicate himself from the charges preferred against him, and also that he will have an opportunity to obtain redress, if it should appear that this vexatious suit has been vindictively brought.

Case of Hydrophobia.—The fatal case of hydrophobia at South Boston, alluded to in last week's Journal, appears to have been quite as marked in its symptoms, and of shorter duration, than either of the other recent cases in this vicinity. Dr. J. S. H. Fogg, the attending physician, has published some account of it in the South Boston Gazette, from which a few facts may be gleaned which should be placed upon medical record. The young man was bitten in the hand by a large stray bull-dog on the 8th of February last, while attempting to drive off the large dog from a small one, belonging to the family, which he had attacked. Although the hand was badly lacerated, it healed kindly in two weeks, and the man continued his usual employment for six weeks longer. On the 6th of April Dr. F. was called, on account of great tenderness and pain in the cicatrices of the wounded hand, with lancinating pain along the arm to the shoulder, and headache, thirst, restlessness, &c. An anodyne application, with morphine internally, was ordered. The next day (the 7th), he appeared better; had slept some during the night. A cathartic was given, but rejected by the stomach. The peculiar symptoms of the disease were developed early in the morning of the 8th. At 1 o'clock, that morning, he called for a glass of water, and drank it without trouble. An hour after, having slept in the mean time, he called again for water, but now complained of a "catch in his breath," and could only drink it after repeated and severe efforts to do so. The symptoms now continued to increase in severity. He showed the greatest fort-

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tude in his efforts to swallow a spoonful of wine and water, and after at length succeeding, declared he never suffered so much in his life before. The liquid was taken with a convulsive, snappish movement of the jaws. The whole surface of the body was so exceedingly sensitive that "the slightest undulation of air in the room, or the approach of a person, or even, at times, the movement of a hand near him, produced extreme distress," while his whole body was bathed with perspiration. Chloroform was twice given internally, diluted with mucilage, but force was needed to do this, and much distress was produced by it the second time. The last part of the time he was disturbed as little as possible, and he died at 5½ P. M. on the 9th, his reason continuing to the last.

Hydrophobia in Buffalo.—Ten deaths were recently reported to the City Council of Buffalo, by physicians of that city, as having been caused by the bites of rabid dogs. The Council have since passed a resolution for the destruction of all dogs running at large, and offered a bounty for each one so destroyed.

Correction.—In our Journal of the 1st ult., there was a slight error in the statement of a fact. The writer of the notice of the results of the suits recently decided in favor of the Massachusetts Medical Society and certain of its members, desires us to correct the *resumé* of the proceedings in those cases, by stating that he finds that the original presentation of the member complained of, was not made to a District Medical Society, but directly to the Council of the Parent Society. The Council referred the complaint to three medical gentlemen, Dr. Caleb Swan of Easton, Dr. M. R. Randall of Rehoboth, and Dr. Thaddeus Phelps of Attleborough. This Committee held an investigation at the last-named place, and subsequently presented their Report, now on the Society's files. The residences of these gentlemen and the place of hearing having all been in the region and covered by the present North Bristol District Society, naturally led to the impression that the Report was from the Association there, which was not in fact formed until afterwards. The precise early action is not, perhaps, very important to an understanding of the affair, but it is desirable to be accurate. *

Health of Cities.—The following statement, as we find it in one of the daily papers, comprises the deaths in some of the Atlantic cities, for the week ending April 1, and their proportion to the population :—

	Deaths.	Population.	Proportion.
Boston,	70	133,788	one in 1,932
New York	436	517,899	one in 1,187
Philadelphia	215	350,000	one in 1,623
Baltimore	86	169,025	one in 1,965
Charleston	16	43,014	one in 2,683

Deaths in Boston for the week ending Saturday noon, April 15th, 104. Males, 56—females, 48. Accident, 1—apoplexy, 3—inflammation of the bowels, 1—inflammation of the brain, 2—bronchitis, 2—burns, 1—consumption, 15—convulsions, 7—croup, 5—dysentery, 1—diarrhoea, 1—dropsy, 1—dropsy in the head, 7—drowned, 1—infantile diseases, 7—puerperal, 3—exposure, 1—exhaustion, 1—erysipelas, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 1—disease of the heart, 3—hydrophobia, 1—inflammation of the lungs, 4—hemorrhage of the lungs, 1—disease of the liver, 1—marasmus, 5—measles, 6—palsy, 1—pleurisy, 3—scrofula, 2—smallpox, 7—teething, 4—thrush, 1—unknown, 1.

Under 5 years, 54—between 5 and 20 years, 13—between 20 and 40 years, 21—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 79—Ireland, 18—England, 1—British Provinces, 3—Germany, 1—Other countries, 2. The above includes 6 deaths in the city institutions.

Middlesex South (Mass.) District Medical Society.—The annual meeting of the Middlesex South District Medical Society was held this day, the 5th of April, at Waltham. The following persons were elected officers of the Society for the year ensuing.

President—Dr. S. G. Burnap, of Hopkinton.

Vice President—Dr. H. Adams, of Waltham.

Secretary—Dr. W. W. Wellington, of Cambridge.

Treasurer—Dr. R. S. Warren, of Waltham.

Committee of Supervision.—The President, Vice President, Secretary and Treasurer *ex officio*, and Drs. H. Hosmer and H. Adams.

Councillors.—Drs. S. G. Burnap, L. V. Bell, M. Clarke, T. Kittredge, E. Warren, J. Hoyt, M. Wyman, J. Hayes, O. E. Hunt and L. Goodenough.

Censors.—Drs. L. V. Bell, M. Wyman, A. Hooker, J. M. Whittemore and S. Whitney.

Voted, That the certificates of membership of the American Medical Association be placed in the hands of the President, and that he be authorized to give them to such members of this Society as shall signify their willingness to attend the annual meeting of said Association in May next, at St. Louis.

The Treasurer submitted his annual Report, which was accepted.

Drs. J. M. Whittemore, J. Bartlett, O. E. Hunt, J. W. Osgood and C. H. Allen were appointed a Committee to take into consideration the subject of forming a fee-table.

A Dissertation was delivered by Dr. A. Hooker, of Cambridge, on puerperal peritonitis, with special reference to its contagion.

Dr. Josiah Bartlett was chosen to deliver a Dissertation at the next semi-annual meeting, and Dr. S. Whitney, of Framingham, was chosen his substitute.

Voted, That the next meeting be held at 12½ P. M., and that the Society dine together at the close of the exercises.

Voted, That the proceedings of this meeting be offered for publication in the Boston Medical and Surgical Journal, and that the Secretary hereafter notify the meetings of the Society in said Journal.

W. W. WELLINGTON, *Sec'y.*

Smallpox in New York.—From a statement submitted by Dr. Stewart to the Academy of Medicine, it appears that there have been 598 deaths from smallpox in the city of New York during the last five months. The number of cases is estimated at 5980 within the same period. Dr. Stewart is of opinion that half the persons vaccinated are susceptible of retaking the virus. A general re-vaccination of the adult population of the country would soon stop the spread of this disease.

Medical Miscellany.—Mrs. Judith Town died at Marshall, N. Y., in March, at the age of 107 years! Mrs. Eunice Tyler died at Stephentown, N. Y., also in March, at the patriarchal age of 115 years!—Dr. G. W. Young, of Quincy, Mass., is about entering the Russian service.—Dr. G. C. Hebbe has been appointed U. S. Consul to Aix la Chapelle. He is a foreigner, sent home to represent a country of which he knows but little.—Mrs. Merny, of Merrimac, N. H., recently gave birth to a daughter and two sons.—A case of yellow fever has been reported in New York, brought from Havana.—\$125,000 has been appropriated by Congress for the completion of marine hospitals.